

Monthly Mileage Report

Please submit one (1) mileage report for one (1) month per payee. Mileage for different Service Agreement years must be listed on different forms. Parents of minors cannot receive mileage reimbursement. This form is **ONLY** to be used to claim reimbursement for miles within Minnesota. Please claim parking on a Monthly Expense Report form.

Person Claiming Mileage: _____

Participant: _____

Service Coordinator: _____

Date	# of Miles	Start Address	Destination	Reason
<i>Example: 9/1/20</i>	<i>42</i>	<i>1605 Eustis St, Saint Paul</i>	<i>Target, Walgreens</i>	<i>Errands</i>
Total # of Miles		<i>Amount is paid to person claiming mileage.</i>		
Mileage Rate	\$			
Total Amount	\$			

By approving this mileage, I verify that the Worker has proper insurance and a valid drivers license.

Representative Signature

Date

For office use only.					
Date	# of Miles	Mileage Rate	Total	Procedure Code	Approved